

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | UT | 621607 | 10/20 |
| O.I.P.E. CLASSIFIER | | 1.12 | 10-28-99 |
| FORMALITY REVIEW | 22 | 70647 | 11-24-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) Canceled A Appeal
÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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